

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003282

1. Corporation Name

INNOVATION CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business
333 AUSLEY ROAD
TALLAHASSEE FL 32304

Mailing Address
333 AUSLEY ROAD
TALLAHASSEE FL 32304

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90112 039 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/01/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3252917	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LEWIS, VERDELL G
4200 ELDER COURT
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name Regina McHardy
82 Street Address (P.O. Box Number is Not Acceptable) 309-B Mabry Street
83
84 City Tallahassee FL 85 Zip Code 32304

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	Danny Ross
NAME	YOUNG, OTIS B	1.2 NAME	426 Ausley Rd.
STREET ADDRESS	457 WHITE DRIVE #A-12	1.3 STREET ADDRESS	Tallahassee, FL 32304
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	Melva Hooker
NAME	BROWN, CAROLYN	2.2 NAME	3029 Shamrock South
STREET ADDRESS	6619 TIM TAM TRAIL	2.3 STREET ADDRESS	Tallahassee, FL 32308
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	Michelle Benjamin
NAME	JACKSON, LOUVENIA	3.2 NAME	1535-8 McCaskill Ave.
STREET ADDRESS	651 W. 8TH STREET	3.3 STREET ADDRESS	Tallahassee, FL 32310
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Billy Redding
NAME	LEWIS, VERDELL	4.2 NAME	323 South Patton
STREET ADDRESS	4200 ELDER COURT	4.3 STREET ADDRESS	Quincy, FL 32351
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	CARRINGTON, MERVIN	5.2 NAME	
STREET ADDRESS	2151 LAKE BROOK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	GAVIN, BEVERLY	6.2 NAME	
STREET ADDRESS	2812 FARINGDON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

575-5580

Daytime Phone #

CR2E037 (11/98)